

Long-term Care's IT Agenda: Industry Summit Produces 11 Action Items for Health IT Adoption

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The benefits of health IT are particularly important to long-term care (LTC), yet to date little planning has taken place within or without the LTC community. That is beginning to change. An LTC industry summit last August produced 11 actions items to help shape and coordinate health IT adoption over the coming two years.

Late to the Table

Much of the health IT agenda has focused on physician offices and acute care settings. The assumption has been that implementing IT in a significant portion of healthcare settings will bring along the remaining segments. The LTC industry itself hasn't been knocking down the door. It doesn't have the significant capital needed to invest in technology. The industry is a cautious purchaser that can't make a mistake but must realize its return on investment—an equation that has not led to investment in exploratory technology.

Admittedly, health IT is not the number-one priority for LTC providers. Other issues have taken precedence: reimbursement and the constant fight to prevent its reduction, quality of care issues, work force turnover, and a consuming level of regulations. What hasn't gained widespread recognition in LTC is that health IT has the potential to positively affect all of these priorities.

Until recently, many associations that support the LTC community had health IT agendas, but there was little communication or coordination of the issues and priorities. All of that changed in August 2005 when AHIMA and five other cosponsors hosted an LTC health IT summit in Chicago, IL. The summit brought together stakeholders to build consensus and identify the priorities and action items for LTC and services to the aging. Ultimately, the overarching goal was to begin preparing the LTC community to join the national health IT agenda.

11 Actions for the Next Two Years

More than 125 thought leaders representing more than 100 different organizations attended the summit. The meeting began with a review of current health IT initiatives. Attendees then discussed the key priorities for the next 12 to 24 months. The results of their work are the following 11 action items. Their goal is to help coordinate and shape the LTC community's direction over the next two years.

Formalize a cross-organization collaborative to mobilize the LTC community on health IT and EHR issues

To mobilize the LTC community and continue cross-organization communication, a collaboration of stakeholder organizations is needed. The collaborative would convene to articulate the consensus vision, agenda, and road maps for a person-centric EHR. It would encourage policy and standards advocacy, identify action steps, and monitor activities. During the summit, participants pledged their support for assisting with specific activities. Depending on the structure, the collaborative could assist in coordinating efforts by the various participants and stakeholders.

Advocate for and identify funding mechanisms or incentives including IT use in pay-for-performance programs

Funding discussions have dominated the national agenda for acute and primary care. The use of health IT and EHRs is critical for LTC, and funding discussions must take place in this segment as well. Discussions and programs for reducing uncompensated cost must be addressed. Pay-for-performance must be considered (e.g., linked to the ability to produce a unified transfer or summary of care document). In addition, investigation and development programs for nonmonetary

assistance must be developed, including information on available loans and grants, strategies for collaborating and sharing costs, and ongoing support through quality improvement organizations (QIOs).

Engage in key standards organizations

For the LTC community to engage in the national agenda, benefit from interoperability, and participate in health information exchange, they must fully participate in standards activities. For example, representation is needed at Health Level Seven, the Accredited Standards Community X12, the National Council for Prescription Drug Programs, IEEE 1073, LOINC, and SNOMED. It is important that LTC issues and use cases are incorporated into standards activities.

Advocate for and adopt data content and messaging standards that support a unified language and promote interoperability across care settings

There are unique issues to aging services and the LTC community that require specific priorities. Data content standards are critical for interoperability and improvements in quality of care and decision support. In addition to the data content work being conducted, standards must also be developed to target the health status, ability, and functioning domains. This includes identification of a standard vocabulary for these domains, data elements, and data definitions. Existing federally mandated standardized assessments and data sets and any new tools developed and mandated must incorporate health IT content and messaging standards.

Adopt a unified transfer or summary of care document to coordinate care across settings and reduce risk to the patient

Transition of care is critical to patient safety and must be a priority. The development of data content and messaging standards should start with the development of a standardized transfer or summary of care document. Industry consensus is needed across care settings to realize the full benefit and potential. Standards must be incorporated, otherwise the effort will be a barrier to information exchange.

Develop implementation guidelines for existing standards

Implementation of standards is clearly important to the LTC community; however, there has been little involvement in activities and awareness on how and where they will be used. Implementation guides that explicitly identify the important standards, where they should be used, and how they should be implemented will improve their use.

Prioritize e-prescribing and medication safety initiatives

Significant improvements in patient safety can be realized by focusing on e-prescribing applications as a stepping stone to a fully functioning EHR. Policies and standards related to implementing e-prescribing is a priority for the LTC community.

Research and benchmark EHR and e-prescribing initiatives

Health IT and EHR use in acute care settings have dominated recent research and publications. The LTC community will equally benefit from research, publications, and benchmarking to address issues unique to aging services. Documentation, communication, and education on emerging practices using health IT, business case, quality, and disease management are critical.

Certify EHR and e-prescribing solutions

Investing in health IT and EHRs is a significant expense and risk for LTC providers. Financially, providers cannot afford to make an expensive mistake when investing in new technology. To reduce the risk to providers, national certification efforts must also include health IT and EHR products for the long-term care community.

Link quality initiatives and EHR and e-prescribing

Important quality initiatives must be undertaken, including documenting aging services workflows; documenting processes and requirements for accurate information flow between settings; focusing on holistic systems that support disease prevention and chronic care management, including the development of appropriate decision support; and integrating quality outcome measurements into EHR systems.

Advocate for special projects through QIOs to support technical assistance and implementation

The LTC community must encourage funding of special projects in which QIOs provide technical assistance and health IT implementation. The community should also target use cases for which health IT could be applied to improve outcomes or quality and help define the clinical process and workflow and build on existing programs such as the Nursing Home Improvement and Feedback Tool to promote health IT and health IT standards.

AHIMA is proud to have been a leader and supporter of the LTC health IT summit, and it continues to work actively on moving these action items forward. The association is hosting a Web page dedicated to the summit, including white papers from 14 organizations as well as the full report. For more information on the summit, go to www.ahima.org/infocenter/whitepapers/ltc.asp [web page no longer available]. A second summit is being planned for late spring or early summer 2006—watch for further information on this event.

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